# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the eauses of death clearly and legibly.

FOR BINDING

## MARGIN RESERVEN

### VS A15

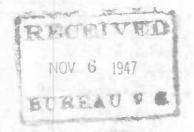
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

(19333 Reg. Dist. No. 251

1. PLACE OF DEATH:  County Churchertown Link  City or town Churchertown Link	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  County		
(If outside city or town limits, write RURAL and give nearest town)  Row long in above place of death?	City or town (if outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, namo war		
3. (a) FULL NAME Errens Crew	3. (b) Social Security Number		
4. Sex 2 5. Color or race 6.(a) Single, married, widowed, or divorced 11 available Transcal Crack	MEDICAL CERTIFICATION  20. DATE OF DEATH		
6.(b) Name of husband or wife.	2/2/ 25 1847, 10 Oct 2 1947		
7. Birth date of december of the state of th	and that I last saw hallve on		
8. AGE: Years Months Days If less than one day    Columbia   Colum	Immediate cause of death DURATION Z Language.		
9, Birthplace (Town, county, and state)	Due to. Due le Ces Muletus 2 400		
10. Usual occupation	Due to		
12. Name 20 W. Analytes  13. Birthplaco Per	Other conditions		
14. Maiden name. Elizabeth Me Suine 15. Birthplace   Court Co	Major findings of operations.		
18. Informant Reconcard Crew	Autopsy results		
17 Burial Bate thereof Od. 5-1947 (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
Cemetery or crematory Chesterland	Where did injury occur? (City or town) (County) (State)		
Location Chesterton och	injured at home, farm, industry, public place (where?)		
18. Funeral director Edgard Lane	Means of Injury Injured at work?		
Address Cherch Till Ind.	as contract H. Cy Simpero		
19. Oct. 3 1947 Edgard. Sane (Date rec'd by registrar)  (Date rec'd by registrar)	23. SIGNATURE M. D. or other  Address Class Carloron M. D. or other  Address Class Carloron M. Date signed 0-3-47		



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09334

### CERTIFICATE OF DEATH

			->	0 40	
Reg.	Dist.	No.	-	2	/

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County	(For newborn infants give residence of mother)		
City or town Enal Boschay	Slate County		
(If outside city or town limits, write RURAL and give nearest town)	City or town 1000 1000 1000		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No		
***************************************	(if rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
1.00	MEDICAL CERTIFICATION		
model While I Dengle	20. DATE DE DEATH CLUBE 10 194 , at 0 -A M		
e (II) Marra of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
8.(6) Name of husband or wife	Oct 9 19.47, 10 Oct 10 19.47		
7. Birth date of years	and that I last saw h and alive on oct 9 1947 @ 1139 Pm		
deceased (mo., day, yr.) October 9-1941	Immediate cause of death		
8. AGE: Years   Months   Days   If less than one day	Consenited heart disease		
0113100			
9. Birthplace (Town, county, and state)	Due to		
(10wil, couldy, and state)			
1D. Usual occupation	Due to		
11. Industry or business			
# 12 Hame Close I too Elborn	Dither conditions		
	Diner conditions		
	(Include pregnancy within 8 months of death)		
= 14. Maiden name.	Major findings of operations.		
14. Malden name. Character Jester  15. Birthplace			
2.1 13. Distribute	Date of op.		
16. Informant	Antopsy results		
Address Buckey med R.F.D			
Burel 1 Oct 10-1947	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide		
200000000000000000000000000000000000000	Where did injury occur?		
Cemetery or crematory			
Location Service State Control of the Control of th	Injured at home, farm, industry, public place (where?)		
( down to have.	Means of Injury Injured at work?		
1B. Funeral director	500000		
Address O Church Stell SIB.	or cionstille theodore & Japroch (41)		
Chan & day	23. SIGNATURE M. D. or other		
19. (Date rec'd by registrar) Registrar	Address Date signed 10-17-4)		

Supply every item of information carefully. The coplease write the causes of death clearly and legibly. MARGIN RESEPVED FOR BINDING WITH UNFADING INK important. Physicians:

VS A15

PLEASE

WRITE PLAINLY, WITH UNF is especially important.

NOV 6 1947

BUREAU &

The reason this certificate is dated 10-17 - I had to return it to the aloton-When he made out a new one he changed the date

MARGIN RESERVED FOR BINDING

PLEASE

VS A15

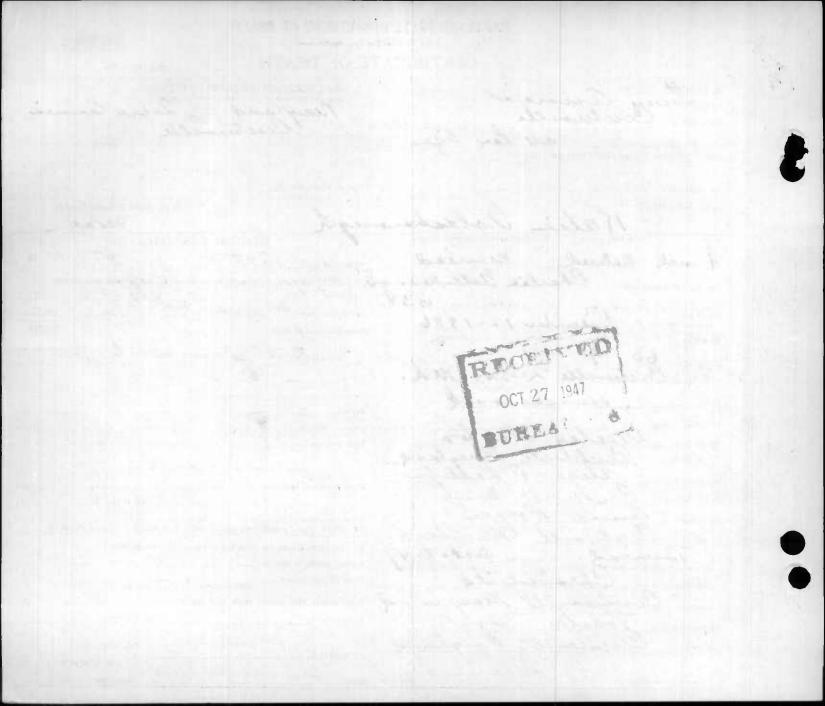
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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	CERTIFICATE OF DEAT	TH Rog. Dist. No. 252
County County (If outside city or town limits, write RUNGL a How long in above place of death? Hospital, institution, or street address where death occurred:	(For newborn fine State Mary City or town (11 out Street No.	County Co
B. (a) FULL NAME	Market Ma	3. (b) Social Security Number
Katie Ja	oldsborough	none
Femal Belevel, Ma	, widowed, or divorced  20. DATE DF DEATH	MEDICAL CERTIFICATION Q 7 6- 1947, 21 10.
(b) Name of husband or wife	131 Oct 4-	occurred on the date above slated: that I altended deceaped from
deceased (mo., day, yr.) Weeenheu /2 -	-/986	ath DURATIO
	hrs. min. Cerebra	I Hamotrhage.
Birthplace. Custowill Zale (Town, county, and state)	Due 10	
. Usual occupation	Due to	
12. Name Wyley Clay 13. Birtholace Cultivielle M	der land Other conditions	
14. Maiden name Ceciles P K	ceus	le pregnancy within 3 months of death)
15. Birthplace Centrevelle the	a contland	Date of op.
Address Centrealls Ma		derlive the cause to which death should be charged statistically.
Burial Rate thereof &	127 - X - 4/	h was due to external causes, fill in the following; nicide
Cemetery or crematory		(City or town) (County) (State)
Location Culturally 14.	Injured at home, farm, Ir	ndustry, public place (where?)
Address Cerclevelle Mr.	anyland (1	1. Theury Frsher
9. 10-8- 1947 Elsie	Ornstrang Address Court	M.D. methor



VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State	
3. (a) FULL NAME William Henry Hines	3. (b) Social Security Number	
4. Sex . /5. Color or race (6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
M C Widowed	20. DATE OF DEATH. October 4 1942 at 3:38A M	
6.(b) Name of husband or wife. Management Jurnam Minas.  7. Birth date of T. Birth date of	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	
8. AGE: Years Months Days tf less than one dayhrsmin.	Immediate cause of death DURATION  Noterios claratic Cardio - Symmetric -	
9. Birthplace Stevensuille Manyland (Town, county, and state)	Due 10	
10. Usual occupation.	Que to	
11. Industry or business		
12. Name Jacob Nines	Dther cooditions	
13. Birthpiace Stevensuille Md.	(Include pregnancy within 3 months of death)	
E 14. Maiden name	Major findings of operations	
15. Birthplace Stevensville, Md.	Bate of op.	
16. Informant Newvietta Hill	Antonsy results	
at the state of th	PHYSICIAN: Flease underline the cause to which death should be charged statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or common Clinitary	Where did injury occur?	
stevensville md	tniured et home, farm, industry, public place (where?)	
Location C. H. Coccocco	Means of injury Injured at work?	
18. Funeral director	1. 0	
Address ambridge man	23 SIGNATURE Welliam 6. home, MD	
10ct ? 1547 Clinabeth Hoster	M. D. or other	
(Date rec'd by registrar) / Registrar	Address Date signed O	



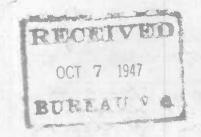
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

09337 Reg. Dist. No. 252

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Maryland County Live Cerron
A / 1 / 2	City or town.
How long in above place of death?	(If outside city of town mints, write KOKAL and give hearest town)
	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	
Thada Rebessa H	allina 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
teruel white married	20. DATE DF DEATH OCT. 2 1947 at 6 a 'M
B.(b) Name of husband or wife. Reese & Wellins	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19
7. Birth date of deceased (mo., day, yr.) Teley - 28 - 1878	and that I last saw h
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death Torrech dead in beth. DURATION
69 7 4nrsmin.	Evidently heart attack.
9. Birthplace Phellipe, W. Duginia	Due to.
(Town, county, and state)	
10. Usual occupation Hausewele	Due to She was trantel at Tolerco Hofkin Ho
11. Industry or business	in 1940 for Recort Trouble.
12. Name Class Hawell  13. Birthplace Dout Rugue	Other conditions
3. Birthplace Sout Kugur	
14. Malden name Sleja P Killips	(Include pregnancy within 3 months of death)
0/2	Major findings of operations.
\$ 15. Birthplace of street leavest	Oate of op
16. Informant Relace Wallins	Autopsy results.
Address Ougenstown Mary land	PHYSICIAN: Please underline the cuuse to which death should be charged statistically.
13 Burial Both Det 6-47	22. VIOLENCE: If death was due 10 external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Cheslar field	Where did injury occur?
Location Centreville Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director Baston TSeas	Means of Injury Injured at work?
Address Centrevelle Maryland	W. Henry Fisher
10 Oct 4- 1047 Else armetrace	23. SIGNATURE D. or other
(Date rec'd by registrar)  Registrar,	Address authorities Md - Date signed 10/3-47



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09338 Reg. Diat. No. 253

### CERTIFICATE OF DEATH

1. PLACE OF DEATH: Quite's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town STEVEUS mile (Rund) (If outside city or town limits, write RURAL and give pearest town)	State Maryland, County Queles alle,
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	(If outside city or town limits, write ROSAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(if rural, give LOCATION)
Now long in hospitat or institution?	2.(a) If velcran, name war
3. (a) FULL NAME Mellie Kaves	Chau 3. (b) Social Security Number
4. Sp 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 45
fillale write single	20. DATE OF DEATH October 1947, or 11 9. M
6,(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
	001-10000000000000000000000000000000000
7. Birth date of deceased (mo., day, yr.) Not Known 1875	and that I last saw h
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
about 72min.	Cerebral herrowhase 1947
· Richaige Bacdayses + Mun a any	Due to
Olds Mp	asterios clevois signal
1D. Usual occupation.	Due to.
11. Industry or business	Danselle of M. both I 1041
12. Name	Dither conditions
≦ 13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name.	Major findings of operations.
15. Birthalper	
16. Informant	Autopsy results
Address Stevens ville Med.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Purial, cremation, or removal, Which?)  Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemciery or crematory / Uh y CROSS CEM.	Where did injury occur? (City or town) (County) (State)
A A C.	Injured at home, farm, industry, public place (where?)
Remand of Thanks	Means of Injury Injured at work?
18. Funeral directors I I I I I I I I I I I I I I I I I I I	e a latteline
Address 121 G PVEST ST	23. SIGNATURE Went Olllewicer 4.
19. 10/5 (Date fee'd by registrar) 19. A. W. Hedruck	Address Sleveus ville Bate signed 60/7/4

2411 N. Charles St., Baltimore 94

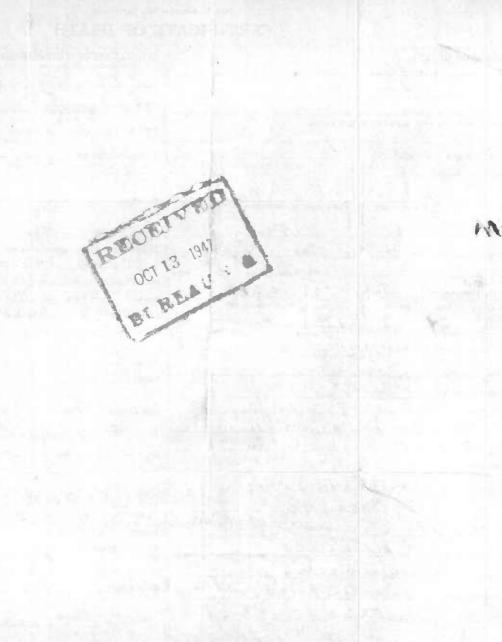
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### CERTIFICATE OF DEATH

Dist No. 254

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
County Queen Anne	State Mary Land Con	0	A
City or town			
How long in above place of death?	City or town (If outside city or town limit	ns Town	**************************************
Hospital, Institution, or street eddress where death occurred:	(If outside city or town fimit	s, writs MUMAL and give nea	rest town)
	Street No		***************************************
	(if rural, give		
How long in hospital or institution?	2.(a) I1 veteran, name war		
3. (a) FULL NAME		3. (b) Social Security	Number
Lawrence Franklin Ma	rean	1218 -01-	0900
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
AY W Married	20. DATE DE DEATH Oc tober	8 19.47	1: 35A
8.(b) Namo of husband or wife Goldie Margan	21. I CERTIFY that death occurred on the date ab	ove stated; that I attended dece	ised from
	October 4 19	47 10 Octob	7 19 X 2
7. Birth date of	and that I last saw h. Linaalive on		
deceased (mo., day, yr.) July 26 1886	Immediate cause of death		DURATION
8. AGE: Years   Months   Days   If less than one day			5min.
6/ 2 /13min.	Loveney Chroneto		
9. Birthplace Pural Centreville Quite Anna Md. (Town, county, and state)	Due to		000000000000000000000000000000000000000
1D. Usual occupation		***************************************	***************************************
11. Industry or business T.C. Plant	Due to		***************************************
	Differ conditions Fever of C	Indetermined	,
12. Name Robert E. Margan  13. Birthplace Centreville, Maryland			4 deve
	(Include pregnancy within 3	months of death)	
14. Malden name Ella Virginia Collison  15. Birthplace Virginia	Major findings of operations		***********************
E 15. Birthplace Virginia			
16. informant Mrs. Goldie Max Margan	Antopsy results.		
	PHYSICIAN: Please underline the cause to w		
Address Queens town, Md.	22. VIOLENCE: It death was due to external car	uses, fill in the following;	
17 Surias Date thereo1 Oct 11 '47	Accident, suicide, or homicide		
(Burlal, cremation, or remoyal. Which?), (month) (day) (year)			
Cemetery or crematory	Where did injury occur?(City or town)	(County)	(State)
location Centrevière	Injured at home, farm, Industry, public place (w	rhere?)	
Barton Bea	Means of Injury	Injured at work?	
18. Funeral director.			
Address Centrevices, Md	11)	G Carrie	MaD
Orta 47.21m andida	23. SIGNATURE	M. D.	or other
()Date ree'd by registrar)	Address Dana Man	Dato signed	0-8-47
, and and a special sp	Pamer Ed 3	A attended of Phiches	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible MARGIN RESERVED FOR BINDING VS A15



VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County City or town (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? County limits, write RURAL and give nearest town)  How long in hospital or institution?				2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of State	mother)  Ougan M  A write RURAL and give near	rest town)
	311011011 :		***************************************	Z.(0) II Tetoran, traine trai		
3. (a) FULL NAME	is Do	sniel		erson	3. (b) Social Security I	
4. Sex	5. Color or race	6.(a)Single.	married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
m	W	9	ingle	20. DATE OF DEATH. October	7 19.4.7	3:30 Am
B.(b) Hame of husband or			If alive, give ageyears	21. I CERTIFY that death occurred on the date abo	ove stated; that I attended decea	sed from
deceased (mo., day, yr.)	Augu	151	0, 1887	Immediate cause of death		DURATION
8. AGE: Years	Months	Days 26	If less than one dayhrsmin.	Pasumenia, lober, la	oft lower	3 dgus
9. Birthplace	(Town,	ounty, and at		Due to.	lia Condinasces	
置 12. Name	Clifton Do not		v san	Diher conditions Fraction Section Section (Include pregnancy within 6)	6.1946)	1470
14. Maiden name		Mary	land.	(Include pregnancy within & s		
10. 10.01111201		11 P.	ryson	Autopsy results		
Address  17. (Burial, eremation, c	Sonville Literature		d. Oct 9-47 (month) (day) (year) Lef Klary land	22. VIOLENCE: 11 death was due to exteroal cau Accident, suicide, or homicide	Date of	(State)
1B. Funeral director	Bacton	Zh. 76	Langland	Means of Injury  23. SIGNATURE	Injured at work?	mD or other
19. (Date rec'd by regin	(Far) 19	LONG	Registra	Address Pusamalaum	mo Date signed	0-7-47



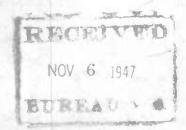
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### CEDTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Dist. No	1000000
I. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State	
Etta Elnora Starkey	3. (b) Social Security Number	
4. Sex  Jen. 6.(a) Single, married, widowed, or divorced  Ten. White Pravies  6.(b) Name of husband or wife Slavkey  6.(c) If alive, give age. 24 years	MEDICAL CERTIFICATION  20. DATE OF DEATH  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.37. to 19.31.	47
7. Birth dale of deceased (mo., day, yr.)  8. AGE: Years Month's Ways If less than one day	and that I last saw hat alive on 19.  Immediate cause of death DURAT	
9. Birthplace	Due to.	
12. Name Dhomas Chaires  13. Birthplace nd.  14. Maiden name Mollie Pred	Biher cooditions	<u></u>
16. Informant Dru. Call Starkey	Major findings of operations.  Bate of op	**********************
Address Contractle and A.F.D.  17 Burial  (Burial, cremation, or removal, Which)  Cemetery or crematory Contractle  Contractle	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	
Location Centreville ord.  18. Funeral director Colgan S. Sane	Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?	********
19. Oct. 26 (Date rec'd by registrar)  19. Address  Cherch Stell Ond.  Cagano. Sana  Registrar	23. SIGNATURE M. D. or other  Address Centre rells 78 ais signed 10-26	-,47

FOR BINDING MARGIN RESERVED PLEASE WRITE PLAINLY, WITH UNFADING INK. Surply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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